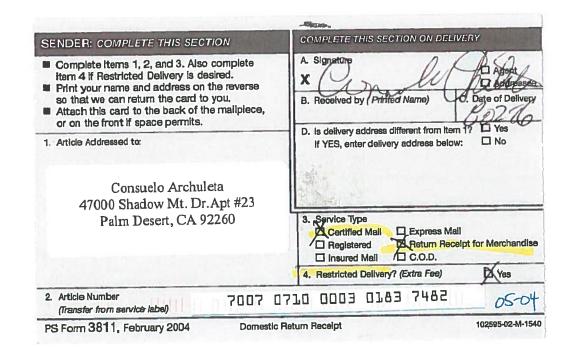
| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY  |  |  |  |
|--|--|--|--|--|
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the malipiece, or on the front if space permits.  1. Article Addressed to:  Estate of Bernardo & Ida Archuleta c/o Virginia A. Archuleta, Personal | A. Signature  X. Agent  Addressee  B. Received by (Printed Name)  D. Is delivery address different from Item 1?  If YES, enter delivery address below:  JUL 2 9 2016   |  |  |  |
| Representative P.O. Box 11 Abiquiu, NM 87510   | 3. Service Type  Certified Mall  Régistered  Insured Mall  Récond Condition (Condition of the Condition of t |  |  |  |
|  | 4. Restricted Delivery? (Extra Fee) 7 Tes 02-02-   |  |  |  |
| 2. Article Number 7007 0710 ( (Transfer from service is,   |  |  |  |  |

EXHIBIT 2

| SENDER: COMPLETE THIS SECTION   | COMPLETE THIS SECTION ON D          | ELIVERY          |  |  |
|---|-------------------------------------|------------------|--|--|
| <ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the malipiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul> | A. Signature  X                     |                  |  |  |
| Salome Chaff<br>1001 Sasman Dr.<br>San Bruno, CA 94066  |                                     |                  |  |  |
|   | 4. Restricted Delivery? (Extra Fee) | Yes              |  |  |
| 2. Article Number 7004 0750 000   | 13 8818 0830                        | 05-04            |  |  |
| PS Form 3811, February 2004 Domestic F  | Return Receipt                      | 102595-02-M-1540 |  |  |



| SENDER: COMPLETE THIS SECTION   | COMPLETE THIS SECTION ON DELIVERY   |  |  |
|---|---|--|--|
| <ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mallplece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> <li>Benjamin Enrique Jaramillo P.O. Box 743</li> </ul> | A. Signature  X. Ben Lancelle   |  |  |
| Abiquiu, NM 87510   | 3, Service Type  A Certified Mail  Registered  Insured Mail  C.O.D.  4. Restricted Delivery? (Extra Fee)  Yes |  |  |
|   | 4. Restricted Delivery? (Extra Fee)   |  |  |

| SENDER: COMPLETE THIS   | SECTION   | COMPLET      | E THIS SECTION ON DE  | LIVERY   |
|---|-----------|--------------|---|--|
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the maliplece, or on the front if space permits.  1. Article Addressed to:  Elfido Audelio Lopez 517 N. Cambridge |           | D. is delive | by (Printed Name)  ary address different from I enter delivery address be | ☐ Agent ☐ Addressee  C. Date of Delivery  tem 1? ☐ Yes dow: ☐ No |
| Gilbert, AZ 8   | 5233 L    | 3. Service   | ified Mail Express  | Mail<br>ecelpt for Merchandise                                   |
|   |           |              | red Mail C.O.D.   |  |
|   |           | ☐ Insu       | red Mail C.O.D. ted Delivery? (Extra Fee)                                 | Yes  |
| Article Number     (Transfer from service label)  | 7007 0710 | 4. Restric   | 100 11121   | ) (Yes   |

| SENDER: COMPLETE TI  | IS SECTION    | COMPLETE THIS SECTION ON DELIVE   | ERY                               |
|--|---------------|---|-----------------------------------|
| <ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the malipiece, or on the front if space permits.</li> </ul> |               | B. Received by (Printed Name)  D. Is delivery address different from Item | Agent Addressee  Date of Delivery |
| Article Addressed to:  Bernardo  | Archuleta     | If YES, enter delivery address below:                                     | No No                             |
| P.O. B<br>Abiquiu, N   | ox 41         | 3. Service Type Certified Mell DExpress Mall                              | ipt for Merchandise               |
|  |               | Registered Return Receiption Insured Mail C.O.D.                          | pt for moronaxa                   |
|  |               | 4. Restricted Delivery? (Extra Fee)                                       | Yes                               |
| Article Number     Transfer from service   | 7007 0710 0   | 003 0183 7505   | 01-01,                            |
| (Transfer from service<br>PS Form 3811, February   | 2004 Domestic | Return Receipt  | 102595-02-M-15                    |

| SENDER: COMPLETE THIS SECTION  | COMFLETE THIS SECTION ON DELIVERY   |
|--|---|
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we consider the pack of the melliplece, or on the front if space permits.  1. Article Addressed to:  Juan D. & Delia Lopez Truste c/o Gabe Lopez Trustee  P.O. Box 32  Abiquiu, NM 87510 SP5 | A. Sonature  A. Sonature  A. Sonature  A. Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  D. is delivery address different from item 17  If YES, enter delivery address below:  No  Service Type  A. Certified Mail  Registered  Insured Mail  C.O.D. |
|  | 4. Restricted Delivery? (Extra Fee) Yes   |
| 2. Article Number Transfer from servic 7004 0750 00  | 103 8818 0908 05-03   |

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY       |  |  |  |  |
|--|---|--|--|--|--|
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailplece, or on the front if space permits.  Article Addressed to:  Michael Maestas P.O. Box 935 Espanola, NM 87532 | A. Signature  X. Loan Math.             |  |  |  |  |
|  | ☐ Insured Mali ☐ C.O.D.                 |  |  |  |  |
|  | 4. Restricted Delivery? (Extra Fee) Yes |  |  |  |  |
| 2. Article Number  |   |  |  |  |  |

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |  |  |  |
|--|---|--|--|--|
| <ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mallpiece, or on the front if space permits.</li> </ul> | A. Signature  X. Word Marker  B. Received by (Printed Name)  C. Date of Delivery  C. Date of |  |  |  |
| 1. Article Addressed to:  Ramon Maestas P.O. Box 935   |   |  |  |  |
| Espanola, NM 87532   | In Control Time   |  |  |  |
| Espanola, NM 87532   | 3. Service Type  Certified Mall  Registered  Insured Mall  C.O.D.  4. Restricted Delivery? (Extra Fee)  |  |  |  |

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY                             |
|--|---|
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mallplet or on the front if space permits.  Article Addressed to:  Sam Maestas P.O. Box 935 Espanola, NM 87532 | B. Received by (Printed Name) C. Date of Delivery             |
|  |   |
| Espanoia, IVII 67332   | 3. Service Type Certified Mail Registered Insured Mail C.O.D. |
| Espanoia, 1411 07352   | Certified Mall Registered Receipt for Merchandise             |
|  | Certified Mall Registered Insured Mall C.O.D.                 |

| The same of the Principle of the Commence of t |   |
|--|---|
| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY                                 |
| <ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mallpiece, or on the front if space permits.</li> </ul>   | A. Signature  X   |
| Article Addressed to:  Eloy Trujillo  200  | If YES, enter delivery address below.                             |
| Rural Route 4, Box 220<br>Ohkay Owingeh, NM 87566  | 3. Service Type  Certified Mall  Registered  Insured Mall  C.O.D. |
|  | 4. Restricted Delivery? (Extra Fee)  Yes                          |
| 2. Article Numbr 7004 0750 0003  | 3 8818 0854 01-05   |
| (Transfer from   | 3 8818 0854 Ol-Osetum Receipt 102595-02-M-11                      |

| SENDER: COMPLETE THIS SECTION   | CC         | OMPLE               | TE THIS SECTI                        | ION ON DEL                         | IVERY                                 |
|---|------------|---------------------|--------------------------------------|------------------------------------|---------------------------------------|
| <ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired</li> <li>Print your name and address on the reso that we can return the card to you.</li> <li>Attach this card to the back of the ma or on the front if space permits.</li> </ul> | x everse   | Signatu             | ed by ( Printed                      | Mone)                              | Agent D Addressee C. Date of Delivery |
| Article Addressed to:   | Pa         | is celle<br>if YES, | ery addres diffe<br>enter delivery a | rent from ite                      | m 1?  Yes                             |
| Floyd Trujillo<br>P.O. Box 165<br>Abiquiu, NM 87510   |            | UG -                | - 3 2016                             |                                    |                                       |
|   |            | Reg                 | ifled Mall                           | Express Ma<br>Return Rec<br>C.O.D. | ill<br>elpt for Merchandise           |
|   | 4.         | Restrict            | ted Delivery? (E                     | xtra Fee)                          | Yes                                   |
| 2. Article Numbe  (Transfer from 7004 075   | 10 0003 88 | 318                 | 0861                                 | Lan                                | 01-01                                 |
| PS Form 3811, February 2004   |            |                     |                                      |                                    | 01-00                                 |

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY  |  |  |
|--|--|--|--|
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the maliplece, or on the front if space permits. | A. Signature  A. Signature  B. Received by (Printed Name)  C. Date of Deliver  C. Date of Deliver  D. Is delivery address different from item 17 |  |  |
| Isabel W. Trujillo<br>P.O. Box 187<br>Abiquiu, NM 87510  |  |  |  |
|  | 3. Service Type  Certified Mall  Express Mall  Registered  Return Receipt for Merchandisc  |  |  |
|  | 4. Restricted Delivery? (Extra Fee) Yes  |  |  |
| 2. Article Number 7004 0750 01   | 003 8818 0915 02-01 01-02,   |  |  |

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |  |
|--|---|--|
| <ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | A. Signature  X  Addressee  B. Received by (Printed Name)  C. Date of Delivery                          |  |
| 1. Article Addressed to:   | De is delivery address different from Item 1? Yes If YES, enter delivery address below: No JUL 2 9 2016 |  |
| Virgil F. Trujillo<br>P.O. Box 187<br>Abiquiu, NM 87510  |   |  |
| rioiquia, Nivi Groro   | Service Type Confined Mall Registered Insured Mall C.O.D.   |  |
|  | 4. Restricted Delivery? (Extra Fee) Yes   |  |
| 2. Article Numt (Transfer fror 7004 0750 0003  | 8818 0922 01-01, 61-02,   |  |

| SENDER: COMPLETE THIS SECTION  |           | COMPLETE THIS SECTION ON DELIVERY   |  |
|--|-----------|---|--|
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mallplece, or on the front if space permits.  1. Article Addressed to:  Agustin & Bernadita Vigil Estate c/o Laura Caffey 4801 Glenwood Hills NE Albuquerque, NM 87111 |           | A. Signature  X. Laura Caffer Date of Delivery  B. Received by (Printed Name)  C. Date of Delivery  130  D. is delivery spiriess different mon tem-17 |  |
|  |           | 3. Service Type Q  Certified Man  Registered Insured Mail  C.O.D.   |  |
|  |           |   |  |
| 2. Article Number  | 7007 0710 | 05-02   |  |

| ENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY   |  |  |
|--|--|--|
| <ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | A. Signature  Agent  Agent  Addresses  B. Received by (Printed Name)  C. Date of Delivery  C. Date of Delivery  D. Is delivery address different from Item 1?  Yes |  |
| 1. Article Addressed to:   | If YES, enter delivery address below:  |  |
| Eduardo Vigil P.O. Box 671   |  |  |
| Espanola, NM 87532   | 3. Service Type Certified Mall Registered Insured Mall C.O.D.  |  |
|  | 4. Restricted Delivery? (Extra Fee) Yes  |  |
| 2. Article Number 7007 0710 000  | 13 0184 0017 06-0  |  |
|  |  |  |

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |  |
|--|---|--|
| <ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the maliplece, or on the front if space permits.</li> </ul> | A. Signeture  B. Received by ( Printed Name)  C. Date of Delivery  D. is delivery address different from item 1? Yes  If YES, enter delivery address below: No  3. Service Type  Certified Mail  Registered  Insured Mail  C.O.D. |  |
| Rochelle War 507 Camino Alborlera Espanola, NM 87532   |   |  |
|  | 4. Restricted Delivery? (Extra Fee)  Yes  |  |
| 2. Article Number 7007 0710  |   |  |
| (Transfer from service labe PS Form 3811, February 2004  Domestic  | Return Receipt 102595-02-M-1540   |  |

| SENDER: COMPLETE THIS SECTION  |            | COMPLETE THIS SECTION ON DELIVERY                                       |  |  |
|--|------------|---|--|--|
| <ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> |            | A. Signature  X.  B. Received by (Printed Name)                         | ☐ Agent ☐ Addressee  C. Date of Delivery   |  |
| Article Addressed to:  |            | D. is delivery address different from if YES, enter delivery address by | D. Is delivery address different from item 1?  Yes If YES, enter delivery address below:  No |  |
| Veronica War<br>P.O. Box 5063<br>Fairview, NM 87533  |            | 400 = 200   | 0  |  |
|  |            | 3. Service Type Certified Mail Registered Insured Mail C.O.D.           | lali<br>celpt for Merchandise  |  |
| 2. Article Number  |            | 4. Restricted Delivery? (Extra Fee)                                     | D yes  |  |
| (Transfer from service lab   |            | 0003 0183 7468  | 67-01  |  |
| PS Form 3811, February 20  | 04 Domesti | Return Receipt  | 102595-02-M-1540   |  |